BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINE

DUPIXENT® (dupilumab) subcutaneous injection

This Pharmacy Coverage Guideline (PCG):
- Provides information about the reasons, basis, and information sources we use for coverage decisions
- Is not an opinion that a drug (collectively "Service") is clinically appropriate or inappropriate for a patient
- Is not a substitute for a provider's judgment (Provider and patient are responsible for all decisions about appropriateness of care)
- Is subject to all provisions e.g. (benefit coverage, limits, and exclusions) in the member's benefit plan; and
- Is subject to change as new information becomes available.

Scope
- This PCG applies to Commercial and Marketplace plans
- This PCG does not apply to the Federal Employee Program, Medicare Advantage, Medicaid or members of out-of-state Blue Cross and/or Blue Shield Plans

Instructions & Guidance
- To determine whether a member is eligible for the Service, read the entire PCG.
- This PCG is used for FDA approved indications including, but not limited to, a diagnosis and/or treatment with dosing, frequency, and duration.
- Use of a drug outside the FDA approved guidelines, refer to the appropriate Off-Label Use policy.
- The "Criteria" section outlines the factors and information we use to decide if the Service is medically necessary as defined in the Member's benefit plan.
- The "Description" section describes the Service.
- The "Definition" section defines certain words, terms or items within the policy and may include tables and charts.
- The "Resources" section lists the information and materials we considered in developing this PCG
- **We do not accept patient use of samples as evidence of an initial course of treatment, justification for continuation of therapy, or evidence of adequate trial and failure.**
- Information about medications that require precertification is available at www.azblue.com/pharmacy. You must fully complete the request form and provide chart notes, lab workup and any other supporting documentation. The prescribing provider must sign the form. Fax the form to BCBSAZ Pharmacy Management at (602) 864-3126 or email it to Pharmacyprecert@azblue.com.

Criteria:

- **Criteria for initial therapy:** Dupixent (dupilumab) is considered ***medically necessary*** and will be approved when **ALL** of the following criteria are met:

  1. Prescriber is a physician specializing in the patient's diagnosis or is in consultation with an Allergist, Immunologist, Pulmonologist, Otolaryngologist, Gastroenterologist, or Dermatologist depending upon indication or use

  2. A confirmed diagnosis of **ONE** of the following
     a. Individual is 6 years of age or older with moderate-to-severe asthma with an eosinophilic phenotype or oral corticosteroid dependent type, to be used as add-on maintenance treatment

     b. Individual 6 years of age or older with moderate-to-severe atopic dermatitis that is not adequately controlled with topical prescription therapies or when those therapies are not advisable

c. Individual 18 years of age or older with inadequately controlled bilateral chronic rhinosinusitis with nasal polyposis, to be used as add-on maintenance treatment

d. Individual is 12 years of age or older with eosinophilic esophagitis

3. **ONE** of the following:
   a. **For moderate to severe asthma**:
      i. Pretreatment forced expiratory volume in 1-second (FEV1) is less than or equal to 80% predicted and FEV1 reversibility is at least 12% and 200 mL after albuterol administration
      ii. There is a history of **2** or more asthma exacerbations in the past 12-months that required treatment with systemic corticosteroid bursts; an emergency department or urgent care visit; or hospitalization for the treatment of asthma
      iii. **ONE** of the following:
         1. Blood eosinophils are greater than or equal to 150 cells/microliter within the last 6-weeks or has a history of blood eosinophils greater than or equal to 300 cells/microliter
         2. Individual has oral corticosteroid dependent asthma requiring a minimum daily dose of prednisone 5 mg (or an equivalent dose of another corticosteroid)

   b. For moderate to severe atopic dermatitis:
      i. Lesions involve at least 10% of body surface area or involve sensitive areas of the face, head, neck, hands, feet, groin, or intertriginous areas
      ii. Disease severity defined by an Investigator's Global Assessment (IGA) score ≥ 3 in the overall assessment of lesions
      iii. Eczema Area and Severity Index (EASI) score > 7
      iv. Peak Pruritus Numeric Rating Scale (NRS) ≥ 3

   c. For Bilateral chronic rhinosinusitis with nasal polyps:
      i. Evidence of nasal polyposis by direct examination, endoscopy, or sinus CT scan
      ii. Individual has 12 weeks or more of anterior or posterior rhinorrhea and **TWO** of the following:
         1. Mucopurulent discharge
         2. Nasal obstruction/congestion
         3. Facial pain/pressure
         4. Diminished sense of smell

   d. For eosinophilic esophagitis:
      i. Individual weighs at least 40 kilograms
      ii. Individual has symptoms of dysphagia with solid foods
      iii. Endoscopic biopsy results demonstrate 15 or greater intraepithelial eosinophils per high power field (eos/hpf) [must submit copy of endoscopy report]

4. Individual has failure, contraindication per FDA label, intolerance, or is not a candidate to **ONE** of the following:
   a. For moderate-to-severe asthma, with uncontrolled symptoms:
      i. At least a 3-month trial of maximally-dosed inhaled corticosteroids **AND** long-acting inhaled beta-agonists **AND** another asthma controlling medication (such as leukotriene receptor antagonist, long acting muscarinic antagonist, or theophylline) with or without daily oral corticosteroid

b. **For moderate-to-severe atopic dermatitis**:
   i. At least a 2-month trial of an agent from **each** of the following topical treatments:
      1. Medium to very high potency corticosteroid
      2. Calcineurin inhibitor (Protopic (tacrolimus) or Elidel (pimecrolimus))
      3. Phosphodiesterase 4 inhibitor (Eucrisa (crisaborole)

c. For chronic rhinosinusitis with nasal polyposis:
   i. At least a 2-month trial of maximally tolerated intra-nasal corticosteroid **AND** nasal saline irrigation with or without systemic corticosteroid **AND** with or without a leukotriene modifier (Singulair (montelukast), Accolate (zafirlukast), Zyflo (zileuton) or Zyflo CR (zileuton))

d. For eosinophilic esophagitis:
   i. At least 2 month trial of medication from each of the following treatment classes:
   [Note: Relapse of symptoms after discontinuing therapy is not considered a failure]
      1. Proton Pump Inhibitor (PPI) (e.g., pantoprazole, omeprazole)
      2. Topical corticosteroid (e.g., budesonide, fluticasone)

5. There is no concurrent use with Cinqair (reslizumab), Fasenra (benralizumab), Nucala (mepolizumab), Xolair (omalizumab), Adbry (tralokinumab), Rinvoq (upadacitinib), Cibinqo (abrocitinib), or any other biologic therapy [e.g., rituximab (Rituxan and rituximab biosimilars), infliximab (Remicade and infliximab biosimilars), Enbrel (etanercept)]

6. Dupixent is not being used concurrently with live vaccines

Initial approval duration: 4 months

- **Criteria for continuation of coverage (renewal request):** Dupixent (dupilumab) is considered ***medically necessary*** and will be approved when **ALL** the following criteria are met (**samples are not considered for continuation of therapy**):

1. Prescriber is a physician specializing in the patient's diagnosis or is in consultation with an Allergist, Immunologist, Pulmonologist, Otolaryngologist, Gastroenterologist, or Dermatologist depending upon indication or use

2. Individual's condition responded while on therapy with response defined as:
   a. **For asthma**, achieved and maintains **TWO** of the following:
      i. Decreased incidence of asthma exacerbation
      ii. Decreased need for use of rescue medications
      iii. Decreased need for systemic corticosteroids
      iv. Decrease in hospitalizations/emergency room visits
      v. Improvement in FEV1 from baseline
      vi. Reduced severity or frequency of asthma related symptoms

   b. **For atopic dermatitis**:
      i. No evidence of disease progression
      ii. Documented evidence of efficacy, disease stability and/or improvement

iii. Achieved and maintains an IGA of 0 or 1 (clear or almost clear) **or** EASI-75 (improvement of at least 75%) in score from baseline

c. **For chronic rhinosinusitis with nasal polyposis**, achieved and maintains **THREE** of the following:
   i. Reduction in sinus opacification
   ii. Reduction in nasal congestion
   iii. Reduction in rhinorrhea
   iv. Reduction in facial pain or pressure
   v. Improved sense of smell
   vi. Reduced need for systemic corticosteroid
   vii. No evidence of disease progression

d. **For eosinophilic esophagitis**, achieved and maintains **TWO** of the following:
   i. Significant reduction in dysphagia
   ii. Improvement in abdominal pain, reflux or heartburn, abdominal pain or vomiting
   iii. Endoscopic biopsy results demonstrate less than 7 eosinophils per high power field (eos/hpf) or greater than 50% reduction from baseline

3. Individual has been adherent with the medication and other medications for the condition being treated (moderate to severe atopic dermatitis, moderate to severe asthma, or chronic rhinosinusitis)

4. Dupixent is not being used concurrently with live vaccines

5. There is no concurrent use with Cinqair (reslizumab), Fasenra (benralizumab), Nucala (mepolizumab), Xolair (omalizumab), Adbry (tralokinumab), Rinvoq (upadacitinib), Cibinqo (abrocitinib), or any other biologic therapy for atopic dermatitis [e.g., rituximab (Rituxan and rituximab biosimilars), infliximab (Remicade and infliximab biosimilars), Enbrel (etanercept)]

6. Individual has not developed any significant adverse drug effects that may exclude continued use such as:
   a. Severe/serious systemic eosinophilia, eosinophilic pneumonia, or eosinophilic granulomatosis with polyangiitis
   b. Generalized urticaria, rash, erythema nodosum, erythema multiforme, and serum sickness or serum sickness-like reactions

Renewal duration: 12 months

- Criteria for a request for non-FDA use or indication, treatment with dosing, frequency, or duration outside the FDA-approved dosing, frequency, and duration, refer to one of the following Pharmacy Coverage Guideline:

1. **Off-Label Use of Non-Cancer Medications**

2. **Off-Label Use of Cancer Medications**

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Description:

Dupixent (dupilumab) is a monoclonal antibody used for the treatment of adults with moderate-to-severe atopic dermatitis not adequately controlled with topical prescription therapies or when those therapies are not advisable. It can be used with or without topical corticosteroids. Dupixent (dupilumab) is also indicated for add-on maintenance treatment of moderate-to-severe asthma with an eosinophilic phenotype or with corticosteroid dependent asthma in patients 12 years of age and older. Dupixent is not indicated for the relief of acute bronchospasm or status asthmaticus. Dupixent (dupilumab) is also indicated as add-on maintenance treatment in adults with inadequately controlled chronic rhinosinusitis with nasal polyposis (CRSwNP).

Treatment of atopic dermatitis initially involves use of topical prescription therapies such as corticosteroids, calcineurin inhibitors (tacrolimus ointment, pimecrolimus cream) and topical phosphodiesterase 4 (PDE-4) inhibitors (crisaborole ointment). Topical corticosteroids are considered the standard of care; strength and formulation of the preparation is selected based on severity, duration of treatment, location of exacerbation, and age of individual. Topical calcineurin and topical PDE-4 inhibitors should be reserved for problem areas only, such as the face, neck, intertriginous and genital areas.

Asthma is a complex disorder characterized by variable and recurring clinical symptoms, airflow obstruction, bronchial hyper-responsiveness, and underlying inflammation.

Inflammation is an important component in the pathogenesis of asthma. Multiple cell types (e.g., mast cells, eosinophils, neutrophils, macrophages, and lymphocytes) and mediators (e.g., histamine, eicosanoids, leukotrienes, and cytokines) are involved in inflammation.

Asthma can be divided into subtypes, which are associated with airway inflammation with eosinophils. It is estimated that about half of individuals with severe asthma exhibit the eosinophilic phenotype with elevated eosinophil levels (a marker of inflammation) in both the blood and airways. Activated eosinophils can increase airway smooth muscle contraction and mucous secretion. Interleukin-5 (IL-5) is an important cellular signal in eosinophilic inflammation.

About 10% of asthma patients have severe asthma that may be uncontrolled despite high doses of standard-of-care asthma controller medicines and can require the use of chronic oral corticosteroids (OCS). Severe, uncontrolled asthma is debilitating and potentially fatal with patients experiencing frequent exacerbations and significant limitations on lung function and quality of life.

Inhaled corticosteroids are the most effective long-term therapy for control and management of asthma. Asthma is said to be well controlled when asthma symptoms are twice a week or less; rescue bronchodilator medication use is twice a week or less; there is no nocturnal or early morning awaking due to asthma symptoms; there are no limitations of work, school, or exercise; and the Forced Expiratory Volume (FEV1) is normal or the patient's personal best. On the other hand, indicators of asthma that is not adequately controlled include limitation of normal activities, poor lung function with FEV1 of < 80% predicted, at least 2 episodes per year of asthma exacerbations requiring oral systemic corticosteroids. More frequent and intense exacerbations requiring urgent, unscheduled care, hospitalization, or ICU admission point toward worse disease control.

Chronic rhinosinusitis (CRS) is an inflammatory condition of the nose and paranasal sinuses characterized by the presence of two or more of the following symptoms for greater than 12-weeks duration: 1) nasal blockage/obstruction/congestion; 2) nasal discharge that is mucopurulent; 3) facial pain/pressure; 4) reduction or loss of smell. Confirmation of the diagnosis is made by sinus CT scan or nasal endoscopy to determine if there is nasal polyposis in both nasal passages. In general, individuals with nasal polyposis (CRSwNP) have more

extensive disease than CRS without nasal polyposis (CRSsNP). The underlying mechanisms that contribute to the chronic sinonasal inflammation observed in CRSwNP are not completely defined. Individuals with CRSwNP may also have concurrent diagnoses of asthma, chronic rhinitis, and allergic rhinitis.

Topical corticosteroids and nasal saline irrigations are recommended as initial therapy. Intranasal corticosteroids decrease nasal polyp size, lessen nasal symptoms, and improve patient quality of life. Oral corticosteroids can also reduce polyp size and improve symptoms but are associated with serious systemic side effects. Patients with significant sinonasal disease and/or those who fail medical management should be evaluated for sinus surgery. However, nasal polyps can reoccur despite sinus surgery.

Eosinophilic esophagitis (EoE) is a chronic, immune-mediated, esophageal disease characterized by symptoms related to esophageal dysfunction and histologically by eosinophil-predominant inflammation. Diagnostic criteria includes symptoms related to esophageal dysfunction, esophageal biopsy, characteristically consisting of ≥15 eosinophils per high power field (HPF) (or 60 eosinophils per mm), and exclusion of other causes responsible for or contributing to symptoms and eosinophilia.

Established treatments for EoE include dietary therapy, proton pump inhibitors (PPIs) and topical corticosteroids. While PPIs and corticosteroids are not FDA approved treatment options, both are recognized as standard treatment per American College of Gastroenterology guidelines. Dupilumab is the first FDA approved treatment option for EoE.

Dupilumab is a human monoclonal IgG4 antibody that inhibits interleukin-4 (IL-4) and interleukin-13 (IL-13) signaling by specifically binding to the interleukin-4 receptor alpha (IL-4Rα) subunit shared by the IL-4 and IL-13 receptor complexes. Dupilumab inhibits IL-4 signaling via the Type I receptor and both IL-4 and IL-13 signaling through the Type II receptor.

Inflammation is an important component in the pathogenesis of asthma, atopic dermatitis and chronic rhinosinusitis with nasal polyposis. Multiple cell types that express IL-4Rα (mast cells, eosinophils, macrophages, lymphocytes, epithelial cells, goblet cells) and inflammatory mediators (histamine, eicosanoids, leukotrienes, cytokines, chemokines) are involved in inflammation. Blocking IL-4Rα with dupilumab inhibits IL-4 and IL-13 cytokine-induced inflammatory responses, including the release of pro-inflammatory cytokines, chemokines, nitric oxide, and IgE; however, the mechanism of dupilumab action in asthma has not been definitively established.

Definitions:

Adult: Age 18 years and older

Asthma:

Asthma Control Classification:

	Classification of Asthma Control (12 years of age and older)		
	Well Controlled	Not Well Controlled	Very Poorly Controlled
Symptoms	≤ 2 days/week	≥ 2 days/week	Throughout the day
Nighttime awakenings	≤ 2 days/month	1-3x/week	≥ 4x/week
Interference with normal activities	None	Some limitation	Extremely limited

SABA use to control symptoms (not for EIB prevention	≤ 2 days/week	> 2 days/week	Several times/day
FEV1 or peak flow	> 80% predicted or personal best	60-80% predicted or personal best	< 60% predicted or personal best
Asthma Control Test	≥ 20	16-19	≤ 15

Asthma control test: a validated set of questions

The Asthma Control Test provides a numerical score to help determine if your asthma symptoms are well controlled.

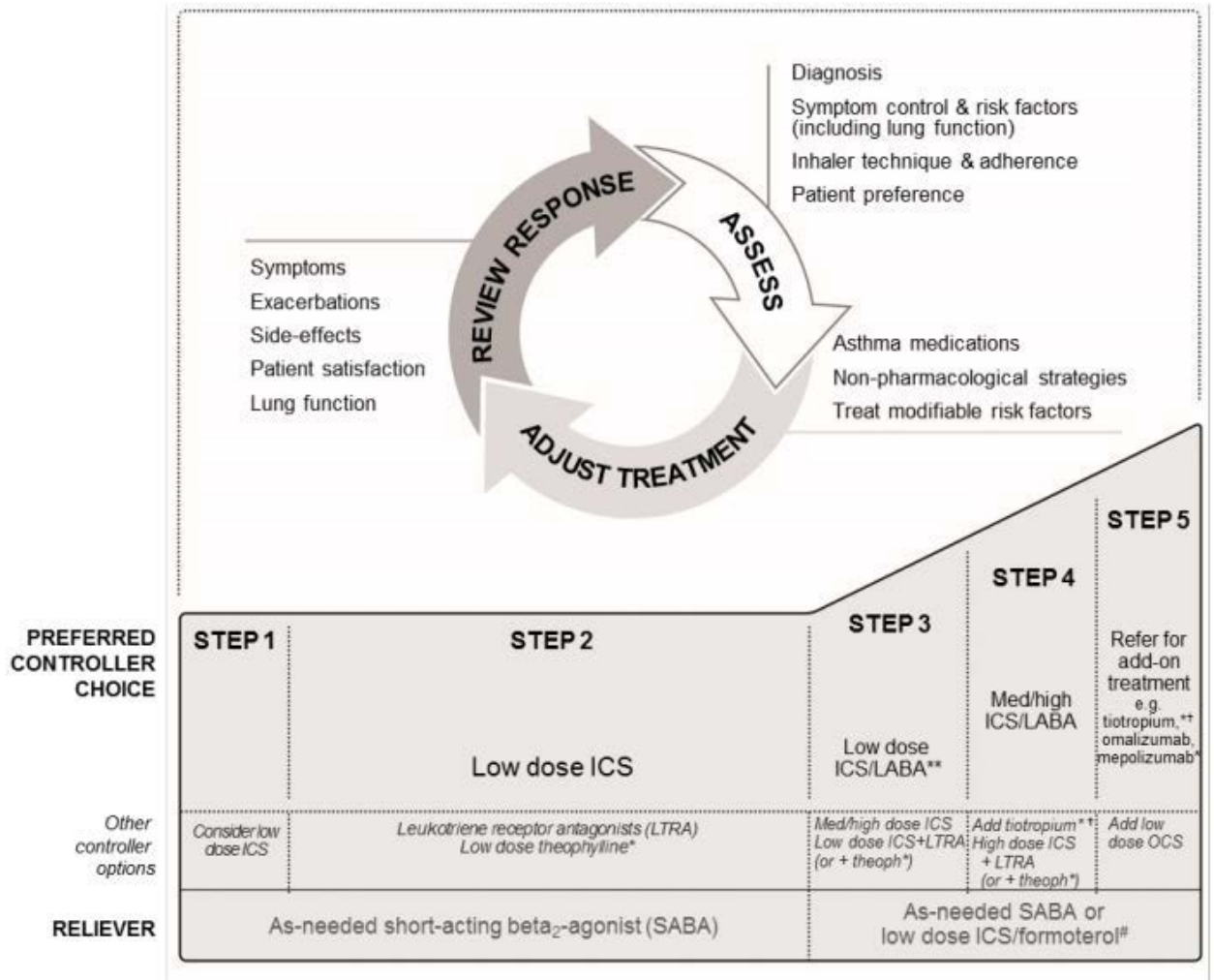
Step 1: Circle the number of each answer in the score box provided [ ].

Step 2: Add up each score in each box [ ] for the total.

Step 3: Take the completed test to your healthcare provider to talk about your score.

Asthma Control Test				
1. In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work, school or at home?				
All of the time [1]	Most of the time [2]	Some of the time [3]	A little of the time [4]	None of the time [5]
2. During the past 4 weeks, how often have you had shortness of breath?				
More than once a day [1]	Once a day [2]	3 to 6 times a week [3]	Once or twice a week [4]	Not at all [5]
3. During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?				
4 or more nights a week [1]	2 to 3 nights a week [2]	Once a week [3]	Once or twice [4]	Not at all [5]
4. During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?				
3 or more times per day [1]	1 to 2 times per day [2]	2 or 3 times per week [3]	Once a week or less [4]	Not at all [5]
5. How would you rate your asthma control during the past 4 weeks?				
Not Controlled at all [1]	Poorly controlled [2]	Somewhat controlled [3]	Well controlled [4]	Completely controlled [5]
Total Score: _____				
Interpretation of Total Score: Well controlled: ≥ 20 Not well controlled: 16-19 Very poorly controlled: ≤ 15				

2016 GINA Guidelines on Stepwise Approach to Treatment of Asthma



Atopic Dermatitis:

Atopic Dermatitis Therapies:

Topical corticosteroids (TCS):

- Low-potency corticosteroids are recommended for maintenance therapy
- Intermediate and high-potency corticosteroids should be used for the treatment of clinical exacerbation over short periods of time
- Ultra-high-potency corticosteroids should be used only for very short periods (1-2 weeks) and in non-facial non-skinfold areas.
- Do not use potent fluorinated corticosteroids on the face, eyelids, genitalia, and intertriginous areas or in young infants.

Topical calcineurin inhibitors (TCI):
- Tacrolimus ointment (Protopic and generics) is indicated as second-line therapy for moderate to severe atopic dermatitis
- Pimecrolimus cream (Elidel and generics) is indicated as second line therapy for mild to moderate atopic dermatitis

Topical phosphodiesterase 4 (PDE-4) inhibitor:
- Eucrisa (crisaborole) ointment is indicated for treatment of mild to moderate atopic dermatitis

Relative Potency of Selected Topical Corticosteroid Products:

Product	Dosage form	Strength
Category I – Very high potency		
Augmented betamethasone dipropionate	Gel, ointment	0.05
Clobetasol propionate	Ointment, gel, cream	0.05
Fluocinonide	Cream	0.1
Diflorasone diacetate	Ointment	0.05
Halobetasol propionate	Ointment, cream	0.05
Category II – High potency		
Amcinonide	Ointment, cream, lotion	0.1
Augmented betamethasone dipropionate	Cream, lotion	0.05
Betamethasone dipropionate	Ointment, cream	0.05
Betamethasone valerate	Ointment	0.1
Desoximetasone	Ointment, cream	0.25
Desoximetasone	Gel	0.05
Diflorasone diacetate	Ointment (emollient base), cream	0.05
Fluocinonide	Ointment, gel, cream	0.05
Halcinonide	Ointment, cream	0.1

Investigator Global Assessment Scale (IGA):
Validated-Investigator-Global-Assessment-Scale_vIGA-AD_2017.pdf (eczemacouncil.org) [Accessed October 09, 2021]

The IGA score is selected using the morphologic descriptors that best describe the overall appearance of the lesions at a given time point. It is not necessary that all characteristics under Morphological Description be present.

Score	Morphological Description
0 – Clear	No inflammatory signs of atopic dermatitis (no erythema, no induration/papulation, no lichenification, no oozing/crusting). Post-inflammatory hyperpigmentation and/or hypopigmentation may be present.
1 – Almost clear	Barely perceptible erythema, barely perceptible induration/papulation, and/or minimal lichenification. No oozing or crusting.
2 – Mild	Slight but definite erythema (pink), slight but definite induration/papulation, and/or slight but definite lichenification. No oozing or crusting.
3 – Moderate	Clearly perceptible erythema (dull red), clearly perceptible induration/papulation, and/or clearly perceptible lichenification. Oozing and crusting may be present.
4 – Severe	Marked erythema (deep or bright red), marked induration/papulation, and/or marked lichenification. Disease is widespread in extent. Oozing or crusting may be present.

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Notes:
1. In indeterminate cases, use extent to differentiate between scores.
For example: • Patient with marked erythema (deep or bright red), marked papulation and/or marked lichenification that is limited in extent (instead of widespread), would be considered "3 – Moderate".

2. Excoriations should not be considered when assessing disease severity

Eczema Area and Severity Index (EASI) score (A-E):
An EASI score is a tool used to measure the extent (area) and severity of atopic eczema. EASI score does not include a grade for dryness or scaling. Include only inflamed areas.

A. Body regions:
There are four body regions:

- Head and neck
  - Face occupies 33% (17% each side), neck 33% (17% front and back) and scalp 33% of the head and neck region
- Trunk (including genital area)
  - Front occupies 55% and back 45% of the trunk
- Upper limbs
  - Each arm occupies 50% of the upper limbs region (front or back of one arm is 25%)
- Lower limbs (including buttocks)
  - Each leg occupies 45% (front or back of one leg is 22.5%) and buttocks 10% of the lower limbs region

B. Area score:
Area score is recorded for each of the four regions of the body. The area score is the percentage of skin affected by eczema for each body region.

Area score	Percentage of skin affected by eczema in each region
0	No active eczema in this region
1	1-9
2	10-29
3	30-49
4	50-69
5	70-89
6	90-100: the entire region is affected by eczema

C. Severity score:
Severity score is recorded for each of the four regions of the body. The severity score is the sum of the intensity scores for four signs. The four signs are:

1. Redness (erythema, inflammation)
2. Thickness (induration, papulation, swelling—acute eczema)
3. Scratching (excoriation)
4. Lichenification (lined skin, furrowing, prurigo nodules—chronic eczema).

The *average* intensity of each sign in each body region is assessed as: none (0), mild (1), moderate (2) and severe (3). Half scores are allowed. It may be difficult to assess redness in dark skin. If in doubt, increase the average redness score by one level.

Score	Intensity of redness, thickness/swelling, scratching. lichenification
0	None, absent
1	Mild (just perceptible)
2	Moderate (obvious)
3	Severe

D. Calculations:
For each region, record the intensity for each of four signs and calculate the severity score.

- Severity score = redness intensity + thickness intensity + scratching intensity + lichenification intensity

For each region, multiple the severity score by the area score and by a multiplier. The multiplier is different for each body site.

- Head and neck: severity score x area score x 0.1 (in children 0–7 years, x 0.2)
- Trunk: severity score x area score x 0.3
- Upper limbs: severity score x area score x 0.2
- Lower limbs: severity score x area score x 0.4 (in children 0–7 years, x 0.3)

Add up the total scores for each region to determine the final EASI score. The minimum EASI score is 0 and the maximum EASI score is 72.

E. Interpretation:
The suggested severity levels for the EASI are as follows:

0	Clear
0.1-1.0	Almost clear
1.1-7.0	Mild
7.1-21.0	Moderate
21.1-50.0	Severe
50.1-72.0	Very severe

Pruritus Numerical Rating Scale (NRS):
Numerical Rating Scale - Pruritus Resources (pruritussymposium.de) [Accessed October 09, 2021]

The NRS is comprised of one item and is represented by numbers 0 (“no itch”) to 10 (“worst imaginable itch”). Patients are asked to rate the intensity of their itch using this scale. It features high reliability and concurrent validity and is a popular choice for all patients due to its simple format. Time needed for completion: 1 minute. It has been validated in several languages.

- It can be interpreted as follows:
  - NRS 0 - no pruritus
  - NRS < 3 - mild pruritus
  - NRS ≥ 3 < 7 - moderate pruritus
  - NRS ≥ 7 < 9 - severe pruritus
  - NRS ≥ 9 - very severe pruritus

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On a scale from 0 (no itch) to 10 (worst imaginable itch), how would you rate your itch overall (on average) during the past 24-hour? (Select number)										
0	1	2	3	4	5	6	7	8	9	10

Chronic rhinosinusitis:

Types of Chronic Rhinosinusitis:

Features	CRSwNP	CRSsNP	AFRS
Bilateral nasal polyps	Presence required for diagnosis*	Exclusion required for diagnosis	Yes in most cases
Allergic mucin	May be present	May be present	Required for diagnosis
Aspirin associated respiratory disease	Asthma present in 40% Aspirin intolerance & asthma present I 15%	Rare	May be present
IgE-mediated allergy to fungus	May be present	May be present	Required for diagnosis
* Unless medical record documents removal of bilateral nasal polyps during surgery CRSwNP: Chronic rhinosinusitis with nasal polyps CRSsNP Chronic rhinosinusitis without nasal polyps AFRS: Allergic fungal rhinosinusitis			

Chronic rhinosinusitis with nasal polyposis:

- Inflammation of the nose and paranasal sinuses characterized by the presence of two or more of the following symptoms for greater than 12-weeks duration:
  1) Nasal blockage/obstruction/congestion
  2) Nasal discharge
  3) Facial pain/pressure
  4) Reduction or loss of smell (hyposmia or anosmia)
- Confirmation of the diagnosis is made by sinus CT scan or nasal endoscopy to determine if there is nasal polyposis in both nasal passages

Resources:

Dupixent (dupilumab) product information, revised by Sanofi-Aventis U.S. LLC. 06-2022. Available at DailyMed http://dailymed.nlm.nih.gov. Accessed August 10, 2022.

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